ARIZONA STATE BOARD OF HEALTH

Ш	BUREAU OF VITAI	Derigtavad No.
Ш	1. PLACE OF BIRTH STANDARD CERTIFIC	CATE OF BIRTH
Ш	On: a	State augono
II	County Rila	State
- 11	District or Township	or Village
- 11	District or Township	
- li	City Miani No 505	Ward St. Ward
·]ˈ	If birth occurred in a hospital or institution, give its tyking instead of street and number,	
ı		
١		
١	3. Sex of Child To be answered ONLY) 4. Twis, triplet or other	6. Legitimate? 7. Date (/c / / / / / / / / / / / / / / / / / /
ŀ	in event of plural	7. Date of birth famium, 17 1930
ĺ	male births. 5. No. in order of birth	/ Month Day Year
١	mamma A	14. MOTHER
- 1	8. C FATHER	Pid 6
ı	Full name Longals Longales	Full maiden name Rita Escarrilla
1	8. Full name Gonzals Tongales	
ļ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15. Residence (Usual place of abode) Uriaun i Aryona
stated.	9. Residence (Usual place of abode) Manual aryona	(Usual place of abode)
	If non-resident, give place and state.	If non-resident, give place and state.
喜	II hon-residence give	10 (1)
	10. Color or race	16. Color or race
birth	Mexican 11. Age at last birthday 25 (Years)	Mexican 17. Age at last birthday 20 (Years)
۵,	Mexican 11. Age at last birthday (Years)	17. Age at last birtheay(16418)
8		
8	12. Birthplace (city or place)	18. Birthplace (city or place)
ΙŽ	16 · · · · · · · · · · · · · · · · · · ·	(State or country) Mux, W
, •	(State or country) Muxico	19. Occupation Housewife
	13. Occupation Mina	19. Occupation
	13. Occupation Whene	Housewife
	Nature of industry	Nature of industry
	20. Number of children of this mother	nd now living 21. Were precautions taken against oph-
	20, Italiabel of clinical	ut now dead 0 thalmin neonatorum.
	certified and including this child).	
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * 8 m, on the date above stated.	
	The state of the s	
	or midwife, then the father, householder,	
	li Jata abanti maka this return. A stillborn >	nis)
		(Physician of midwife)
	chows other evidence of life after pirtue	(Physician or-midwife)
٠,	Given name added from a supplemental report	Miami , aifon
-	a supplemental report Month, day, year	
	Total H	(if 1, 10 30 /r. 8. John
1	Registrar.	Registrar.

Month, day, Registrar.